

EXAMPLE

Standard Operating Procedures for Immunizations

TEAM NAME NATIONAL DISASTER MEDICAL SYSTEM

SOP Title
SOP #

Date

NDMS IMMUNIZATION STANDARD OPERATING PROCEDURES (SOP)

1. REFERENCES:

- a. MMWR 1985;34:201, Polysaccharide Vaccine for Prevention of H. influenza Type b
- b. MMWR 1996;45(RR-15), Prevention of Hepatitis A Through Active or Passive Immunization
- c. MMWR 1995;44:574-5, Update: Recommendations to Prevent Hepatitis B Virus Transmission
- d. MMWR 2000;49(RR-3), Prevention and Control of Influenza
- e. MMWR 1999;48(RR-7), Recommendations for Use of Lyme Disease Vaccine
- f. MMWR 1998;47(RR-8), Measles, Mumps, and Rubella-Vaccine Use and Strategies for Elimination of Measles, Rubella, and Congenital Rubella Syndrome and Control of Mumps
- g. MMWR 2000;49(RR-7), Prevention and Control of Meningococcal Disease
- h. MMWR 1996;45(RR-14), Prevention of Plague
- i. MMWR 1997;46(RR-8), Prevention of Pneumococcal Disease
- j. MMWR 1999;48:590, Revised Recommendations for Routine Poliomyelitis Vaccination
- k. MMWR 2000;49(RR-5), Poliomyelitis Prevention in the United States: Updated Recommendations of the Advisory Committee on Immunization Practices (ACIP)
- l. MMWR 1999;48(RR-1), Human Rabies Prevention - United States, 1999
- m. MMWR 1991;40(RR-10), Diphtheria, Tetanus, and Pertussis: Recommendations for Vaccine Use and Other Preventive Measures
- n. MMWR 1994;(RR14), Typhoid Immunization
- o. MMWR 1999;48(RR-06), Prevention of Varicella Updated Recommendations
- p. MMWR 1996;45(RR-11), Prevention of Varicella // Summary of Recommendations for Varicella Vaccination // Appendix
- q. MMWR 1990;39(RR-6), Yellow Fever Vaccine
- r. MMWR 1994;43(RR-1), General Recommendations on Immunization Recommendations of the Advisory Committee on Immunization Practices (ACIP)
- s. MMWR 2000; 49(RR-1), Adult Immunization Programs in Nontraditional Settings: Quality Standards and Guidance for Program Evaluation
- t. MMWR 1996;45(RR-12), Vaccine Side Effects, Adverse Reactions, Contraindications, and Precautions Recommendations of the ACIP
- u. MMWR 1997;46(RR-18), Immunization of Health-Care Workers: Recommendations of the Advisory Committee on Immunization Practices (ACIP) and the Hospital Infection Control Practices Advisory Committee (HICPAC)
- v. MMWR 1996;45(RR-4), The Role of BCG Vaccine in the Prevention and Control of Tuberculosis in the United States A Joint Statement by the Advisory Council for the Elimination of Tuberculosis and the Advisory Committee on Immunization Practices
- w. CG COMDTINST M6230.4E, 1 November 1995

2. PURPOSE: Vaccines are available to prevent a number of illnesses that contribute to morbidity and mortality in adults in the United States. This SOP establishes guidelines for implementing the National Disaster Medical System (NDMS) Immunization Policy dated April 26, 2002. The immunizations delineated in the policy are to protect those members who will come into contact

EXAMPLE

Standard Operating Procedures for Immunizations

with patients, human remains, animals, or infective material. The Intradermal Purified Protein Derivative (IPPD) skin test for tuberculosis is not a vaccine but is included in the immunization policy for convenience.

3. SCOPE: This SOP addresses immunization of NDMS team members who may be deployed on short notice to provide medical care in austere environments.

4. APPLICABILITY: This protocol is applicable to all NDMS medical teams and support personnel who may be required to assist in patient care, patient transport or may come into contact with potentially infectious materials.

5. EFFECTIVE DATE: The protocol supported by this SOP was effective April 26, 2002.

6. RESPONSIBILITIES:

a. Director OEP will:

(1) Provide as safe a work environment as possible during natural or manmade disasters for all NDMS members. This includes making provisions for immunizations delineated in the immunization protocol dated April 26, 2002.

(2) Provide funding to team leaders to support the immunization program defined in the immunization protocol dated April 26, 2002.

b. Team Leaders will:

(1) Insure all members are in compliance with the immunization protocol provided by OEP. If a medical condition or religious preference prohibits compliance it must be documented and retained in the individual's personnel or medical file.

(2) Inform any individual who cannot receive an immunization or refuses an immunization that he/she is at increased risk for contracting disease and may be prohibited from deploying to certain events.

(3) Designate an individual to be responsible for tracking immunizations of team members and overall responsibility for the immunization program.

(4) Designate a medical officer to review records and documents provided by team members and record previous immunizations appropriately on the individual's shot record (PHS 731).

(5) Insure immunizations are completed or the series of an immunization is started by December 31, 2002.

(6) The influenza vaccine will be administered when it is available for the '02-'03 flu season. Vaccine from '01-'02 will not be administered.

c. The Immunization records clerk will:

(a) Acquire and maintain a PHS 731 for each individual team member.

(b) Maintain a second record of immunizations in an electronic database.

(c) Notify the team leader when immunizations are needed.

d. The team medical officer will:

EXAMPLE

Standard Operating Procedures for Immunizations

(1) Verify vaccination records provided by team members. Vaccinations should not be postponed if records cannot be found, an attempt to locate missing records should be made by contacting previous health-care providers. If records cannot be located, such persons should be considered susceptible and should be started on the immunization schedule. The following guidelines are recommended: MMR, IPV, Hib, hepatitis B, and influenza vaccines can be administered because no adverse effects of repeated vaccination have been demonstrated with these vaccines.

(2) Insure measures for treating anaphylaxis is available when immunizations are administered (if administered by the team).

(3) Report selected events occurring after vaccination to the Vaccine Adverse Events Reporting System (VAERS). Adverse events other than those that must be reported or that occur after administration of other vaccines, especially events that are serious or unusual, should also be reported to VAERS regardless of whether the provider thinks they are causally associated. VAERS forms and instructions are available in the FDA Drug Bulletin and the Physicians' Desk Reference, or by calling the 24-hour VAERS information recording at 1-800-822-7967.

7. PROCEDURES:

a. A PHS 731 will be annotated with immunizations and kept on file for each team member. This form will be deployed with the team. OEP is requesting PHS 731 shot records for distribution to teams on request.

b. A database will be kept current and reflect the same information maintained on the PHS 731.

c. Females of childbearing age will be asked if they are pregnant or may be pregnant. If the answer to either is "yes" they will be excluded from immunization. If their answer is "no" they may be immunized.

8. POC for this SOP is the undersigned at xxx xxx xxxx or email:

Team Leader
DMAT #

EXAMPLE

Standard Operating Procedures for Immunizations

Appendix 1 – Vaccine Requirements for NDMS Teams

Vaccine	Dose	Routine Schedule	Contraindications*	Notes
Hepatitis A	1.0 ml IM	Two doses 6-12 months apart	Anaphylactic reactions to alum or the preservative 2-phenoxyethanol	
Hepatitis B (HBV)	1.0 ml IM	Three doses at 0,1 and 6 months. Booster doses are not necessary	Anaphylactic reaction to baker's yeast. Pregnancy should not be considered a contraindication to vaccination.	Confirmation of positive titer required 1-2 months after completion of the 3 dose series
Influenza	0.5 ml IM	Annually (fall) with current vaccine	Allergy to eggs	
Measles, Mumps and Rubella (MMR)	0.5 ml SQ	Completion of basic two dose series. See note.	Pregnancy. Anaphylactic reactions to neomycin or gelatin. Known immunodeficiency.	All Health Care Workers recommended to have two doses regardless of age unless they can produce laboratory evidence of immunity.
Poliovirus (IPV)	0.5 ml SC or IM	Completion of basic series.	Anaphylactic reaction to neomycin, polymycin B or streptomycin	
Tetanus-diphtheria (Td)	0.5 ml IM	Completion of basic three dose series. Booster every 10 years.	Neurological reactions following a prior dose. Previous episode of Guillan-Barre Syndrome occurring within 6 weeks of vaccination.	
Varicella	0.5 ml SC	Two doses 4-8 weeks apart. Completion of basic series OR reliable history of chickenpox.	Pregnancy. Anaphylactic reaction to neomycin and gelatin. Infection with HIV. Known immunodeficiency.	Serologic screening should be done for HCW who have a negative or uncertain history of varicella.
Intradermal Purified Protein Derivative (IPPD)	0.1 ml ID	Annually		Three month post-exposure testing after deployment if known TB exposure.

*General Contraindications:

- Anaphylactic reaction to a vaccine / vaccine constituent contraindicates further doses of that vaccine
- Moderate or severe illness with or without a fever requires deferral to a later date.
- Although no conclusive evidence documents the adverse effects of killed or inactivated vaccines in pregnant women and their developing fetuses, vaccination of pregnant women should be avoided.

Routine immunization for typhoid is not recommended for sanitation workers or persons living in areas in which natural disasters have occurred. Vaccination is indicated only for persons living in typhoid endemic areas.

IPPD is a test rather than an immunization but will be addressed with the immunizations and tracked in the same manner as the immunizations.

EXAMPLE

Standard Operating Procedures for Immunizations

Appendix 2 – Estimated Cost of Vaccines (June 6, 2002)

Hepatitis A	HAVRIX prefilled syringe	\$18.30/ea
Hepatitis B	Engerix-B prefilled syringe	\$26.45/ea
Influenza ('02-'03)	Prefilled syringe 10's	\$8.17/ea
	Multi-dose vial (10 doses)	\$58.09
Measles, Mumps and Rubella	0.5 ml single dose vial	\$23.20/ea
	10's	\$231.68
Poliovirus (IPV)	Pre-filled syringe	\$12.20/ea
Tetanus-diphtheria (Td)	0.5 ml/dose (10 dose vial)	\$16.81
Varicella	Varivax, 10's, single dose vial	\$350.82
	Each	\$35.10/ea
IPPD	10 dose vial	\$3.24

EXAMPLE

Standard Operating Procedures for Immunizations

Appendix 3 – Additional information

1. Information resources:

a. Morbidity and Mortality Weekly Report (MMWR). Published weekly by CDC, MMWR contains regular and special ACIP recommendations on vaccine use and statements of vaccine policy as they are developed and reports of specific disease activity. Subscriptions are available through Superintendent of Documents, U.S. Government Printing Office, Washington, DC 20402-9235; Telephone: (202) 783-3238. Also available through MMS Publications, C.S.P.O. Box 9120, Waltham, MA 02254-9120; Telephone: (800) 843-6356.

b. Guide for Adult Immunization (1990). Produced by the American College of Physicians for physicians caring for adults, this guide emphasizes use of vaccines in healthy adults and adults with specific disease problems. It is available from Subscriber Services, American College of Physicians, Independence Mall West, Sixth Street at Race, Philadelphia, PA 19106-1572; Telephone: (215) 351-2600 or (800) 523-1546. (A new edition should be published within 1994.)

c. Technical bulletins of the American College of Obstetricians and Gynecologists. These bulletins contain important information on immunization of pregnant women and are updated periodically. They are available from the American College of Obstetricians and Gynecologists, Attention: Resource Center, 409 12th Street, SW, Washington, DC 20024-2188.

d. National Immunization Program, CDC. This program maintains a 24-hour voice information hotline that provides technical advice on vaccine recommendations, disease outbreak control, and sources of immunobiologics. In addition, a course on the epidemiology, prevention, and control of vaccine preventable diseases is offered each year in Atlanta and in various states. For further information, contact CDC, National Immunization Program, Atlanta, GA 30333; Telephone: (404) 332-4553.